

SERFF Tracking Number:	HRMN-125363093	State:	Arkansas
First Filing Company:	Horace Mann Insurance Company, ...	State Tracking Number:	#? \$50
Company Tracking Number:			
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	ISO PPC Updates thru 12-01-2007		
Project Name/Number:	/		

Filing at a Glance

Companies: Horace Mann Insurance Company, Teachers Insurance Company

Product Name: ISO PPC Updates thru 12-01-2007 SERFF Tr Num: HRMN-125363093 State: Arkansas

TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: #? \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num:	State Status: Fees verified
Filing Type: Rate	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: Jeremy Learned	Disposition Date: 11/28/2007
	Date Submitted: 11/28/2007	Disposition Status: Filed
Effective Date Requested (New): 12/14/2007		Effective Date (New): 12/14/2007
Effective Date Requested (Renewal): 12/14/2007		Effective Date (Renewal): 12/14/2007

General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/28/2007	
State Status Changed: 11/28/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
November 28, 2007	

Arkansas Insurance Department
1200 West Third
Little Rock, Arkansas 72201

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Attention: Alexa Grissom
Sr. Rate and Form Analyst

Subject: Horace Mann Insurance Company NAIC# 300-22578
Teachers Insurance Company NAIC # 300-22683
Homeowner Program Rate Filing
Public Protection Classification Update Pages

Dear Ms. Grissom,

Horace Mann and Teachers Insurance Companies submit for your review and approval the above-noted public protection classification rate filing. This update includes all previous updates through December 14, 2007.

We propose December 14, 2007 as the effective date of this filing.

If I can be of further assistance or if additional information is needed, please call me at 217-789-2500, ext. 5429, fax me at 217-788-5161, or e-mail me at learnej1@mail.horacemann.com.

Sincerely,

Jeremy Learned
Actuarial Technician
Property and Casualty Division
The Horace Mann Insurance Companies

Enc.

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Company and Contact

Filing Contact Information

Jeremy Learned, Actuarial Technician learnej1@mail.horacemann.com
1 Horace Mann Plaza (217) 789-2500 [Phone]
Springfield, IL 62715 (217) 788-5161[FAX]

Filing Company Information

Horace Mann Insurance Company	CoCode: 22578	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code: 300	Company Type: Insurance Company
Springfield, IL 62715	Group Name:	State ID Number:
(217) 789-2500 ext. [Phone]	FEIN Number: 59-1027412	

Teachers Insurance Company	CoCode: 22683	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code: 300	Company Type: Insurance Company
Springfield, IL 62715	Group Name:	State ID Number:
(217) 789-2500 ext. [Phone]	FEIN Number: 23-1742051	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Insurance Company	\$0.00	11/28/2007	
Teachers Insurance Company	\$0.00	11/28/2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
7700194767	\$50.00	11/27/2007

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	11/28/2007	11/28/2007

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Disposition

Disposition Date: 11/28/2007
Effective Date (New): 12/14/2007
Effective Date (Renewal): 12/14/2007
Status: Filed
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: HRMN-125363093 State: Arkansas

First Filing Company: Horace Mann Insurance Company, ... State Tracking Number: #? \$50

Company Tracking Number:

TOI: 04.0 Homeowners Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations

Product Name: ISO PPC Updates thru 12-01-2007

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Form RF-1 NAIC Loss Cost Data Entry Document--All P&C Lines		No
Supporting Document	Uniform Transmittal Document-Property & Casualty	Filed	Yes
Supporting Document	HPCS-Homeowners Premium Comparison Survey		No
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp		No
Rate	ISO PPC Updates thru 12-01-2007	Filed	Yes

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<i>Project Name/Number:</i>	<i>/</i>		

Rate Information

Rate data does NOT apply to filing.

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<i>Product Name:</i>	<i>ISO PPC Updates thru 12-01-2007</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	ISO PPC Updates thru 12-01-2007		Replacement	AR PPC Updates 12-1-2007.pdf

**HORACE MANN INSURANCE COMPANY
TEACHERS INSURANCE COMPANY
COMMUNITY MITIGATION CLASSIFICATIONS
REVISION PAGES**

ARKANSAS (03)

-R- JURISDICTIONS

RISON

Eff. 12-07	R	County: CLEVELAND	Class: 05	
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE RISON FIRE DEPARTMENT. BCEGS: PERS 99 COML 99 1998. NO RECOGNIZED BUILDING CODE ENFORCEMENT PROGRAM EXISTS.				

-S- JURISDICTIONS

SHERWOOD

Eff. 12-07	R	County: PULASKI	Class: 02	
Footnotes: PRIMARY FIRE DEPARTMENT RESPONSE IS PROVIDED BY THE PULASKI CO FD NO 5 FIRE DEPARTMENT. BCEGS: PERS 08 COML 08 1999 BCEGS: PERS 99 COML 99 2006 JURISDICTION HAS DECLINED TO PARTICIPATE IN THE BCEGS PROGRAM.				

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Filed	11/28/2007
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Comments:

Attachments:

AR Rate and Rule Filing Schedule - New.pdf
AR Transmittal Document - New.pdf

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing.)

1.	This filing transmittal is part of Company Tracking #	11012007
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	N/A
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☐ Rate Increase
 ☐ Rate Decrease
 ☒ Rate Neutral (0%)

3.	Overall percentage rate impact for this filing	N/A
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4.	Effect of Rate Filing – Written premium change for this program	N/A
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5.	Effect of Rate Filing – Number of policyholders	N/A
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6.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File and Use
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7.	Rate Change by Company		
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Company Name	Percentage Change For this program	# of policyholders for this program	Written premium for this program
Horace Mann Ins. Co.	N/A	N/A	N/A
Teachers Ins. Co.	N/A	N/A	N/A
HM Prop & Cas Ins. Co.	N/A	N/A	N/A

8.	Overall percentage of last rate revision	N/A
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9.	Effective Date of last rate revision	N/A
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10.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	N/A
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11.	Exhibit Name/Description /Synopsis	Rule # or Page #	Replacement or Withdrawn?	Previous state filing number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	

To be complete, a rate/rule filing must include the following:

1. A completed Rate/Rule Filing Transmittal document (PC RRFS-1) (Do not refer to the body of the filing for the component/exhibit listing.) and,
2. A completed Property & Casualty Transmittal Document (PC TD-1) and,
3. One copy of all rate/rule components/exhibits submitted with the filing, and
4. The appropriate state review requirements, if required, and
5. The appropriate filing fees, if required, and
6. A postage-paid, self-addressed envelope large enough to accommodate the return
7. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

GFORM UT Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #: h. Subject Codes
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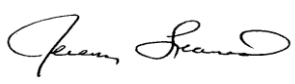
3. Group Name	Group NAIC #
Horace Mann Educators	300

4. Company Name(s)	Domicile	NAIC #	FEIN #
Horace Mann Insurance Company	IL	22578	59-1027412
Teachers Insurance Company	IL	22683	23-1742051

5. Company Tracking Number	12012007
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jeremy Learned	Implementation Analyst	217-789-2500 ext. 5429	217-788-5161	Learnej1@mail.horacemann.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jeremy Learned

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	04.0 Homeowners
10. Sub-Type of Insurance (Sub-TOI)	
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	N/A
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: Upon approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	11/28/2007
19. Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	12012007
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21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
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Public Protection Classification pages through 12-01-2007.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 7700194767

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**